

State of Connecticut Department of Developmental Services



Terrence W. Macy, Ph.D. Commissioner

Joseph W. Drexler, Esq. Deputy Commissioner

Department of Developmental Services Community Living Arrangement Development Agreement

DATE	
The purchase of persons is developing a community residence for persons is not exceed \$ and is subject to appraisal. It is understresidence at this property that will accommodate the needs scope of work:	This development proposal is not approved tood that creating a licensable community
IMPROVEMENT OR CHANGE	ESTIMATED COST
Fire and Structure Safety	
Space Enlargement and Client Accommodation	
Environmental Systems Improvements	
Other	
Total estimated cost of conversion to licensable residence	e

It is understood that the scope of work described above will be completed using standard construction bidding procedures.
Other related development expenses (i.e., carrying charges, insurance, closing costs, etc.). Please list:
Total
Estimated total cost of residential development (includes the cost of purchase, renovation and all other costs listed above.)
Minus estimated total cost of fire safety and DDS Licensing requirements:
Adjusted estimated total cost:
More accurate cost information to be included in the agency's DSS rate request will be available after the completion of construction drawings, selection of a contractor and issuance of a building permit.
Changing of the residents and additional information on their housing needs and evacuation capabilities may result in changes to the scope of work. Failure to execute this agreement by may result in the loss of said property for development. The undersigned acknowledge that this document does not constitute a contract for development of a property and further acknowledge that any payments by the State of Connecticut related to this property may only be made pursuant to Sections 17-313b and 19a-483 of the General Statutes and the Regulations promulgated thereunder.

PROPOSED BY:	PROPOSED BY:
Private Residential Provider	Development Staff / Property Developer (If Applicable)
(Signature) (Name) (I) (Date)	(Signature) (Name) (J) (Date)
Print/Type Name	Print/Type Name
Print/Type Company Name (K)	Tel No:
Tel No:	
REVIEWED BY:	AFTER CONSULTATION WITH:
(Signature) (Name) (L) (Date) Regional Director for Region Department of Developmental Services (Or Authorized Designee)	(Signature) (Name) (M) (Date) Commissioner Department of Social Services (Or Authorized Designee)
Print/Type Name	
Tel No:	
	APPROVED BY:
	(Signature) (Name) (N) (Date) Commissioner
	Department of Developmental Services (Or Authorized Designee)

6/95 GUIDELINES LG:hm